U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - /3536	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Henry Guzman	Name I.A.T.S.E. Local 39		
	Labor Organization File Number 031-437		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 432 North Anthony St. Suite 304	Street 432 North Anthony St. Suite 304		
City New Orleans	City New Orleans		
State Louisiana ZIP Code + 4 70119	State Louisiana ZIP Code + 4 70119		
5. Position in labor organization. Business Agent			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name none	none					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
	7.b. Amount.					
Street						
City	\$0					
State ZIP Code + 4						

Signature

submitted in this report (including the information co	clares, under penalty of Perjury and other applicable pena tained in any accompanying documents), has been examir ad complete. (See the section on penalties in the instructio	ned by the signatory and is, to the best of the
Signed MA	On 8.03.05	504 486 576 9 Telephone Number

Name of Person Filing henry Guzman		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name	a. Labor Organiza	ation				
Trade Name, if any:	b. Trust	nio)				
P.O. Box, Bldg., Room No., if any	c. Employer					
Street	lancount .					
City State ZIP Code + 4						
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.				
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12.a. Nature of interest held	d or income received.				
State ZIP Code + 4						
	12.b. Amount.					
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money						
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.					